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THE LAW OFFICES OF  
**ANDREW D. FORTNEY, PH.D., P.C.**  
7257 N. MAPLE AVENUE, SUITE 107  
FRESNO, CALIFORNIA 93720

WWW.FORTNEYLAW.COM

TELEPHONE: (559) 299-0128

FAX: (559) 299-0118

EMAIL: INFO@FORTNEYLAW.COM

ANDREW D. FORTNEY, PH.D.

ALEC B. PLUMB\*

\*REGISTERED PATENT AGENT

ATTN: MAIL STOP APPEAL BRIEF-PATENTS

COMPANY: COMMISSIONER FOR PATENTS / P.O. Box 1450, ALEXANDRIA VA 22313-1450

FAX: 1 (571) 273-8300

DATE: 04-18-2006

TIME: 4:50 PM

- ☐ WITH CONFIRMATION  
☒ WITHOUT CONFIRMATION

RE: APPLICATION No. 09/312,797  
FILED: 05-17-1999I hereby certify that this document and all documents listed below are being transmitted via facsimile to  
Commissioner for Patents, fax no. (571) 273-8300, on April 18, 2006By: Jennie Heaton  
Jennie Heaton

SUBMITTED HEREWITH FOR THE ABOVE-CAPTIONED APPLICATION:

- Transmittal Form
- Fee Transmittal Form
- Credit Card Payment Form
- Request for Oral Hearing

Respectfully submitted,

  
Andrew D. Fortney, Ph.D.; Reg. No. 34,600PLEASE DIRECT ANY QUESTIONS REGARDING THE TRANSMISSION OF THIS FAX TO:  
(559) 299-0128 / FAX (559) 299-0118 / INFO@FORTNEYLAW.COMTHIS FAX CONTAINS 5 PAGE(S) INCLUDING THIS ONE.

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APR 18 2006

PTO/SB/21 (09-04)

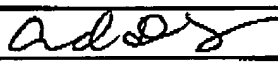
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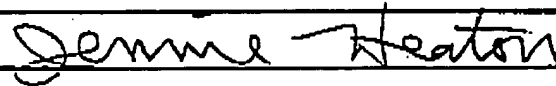
<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/312,797	
	Filing Date	05-17-1999	
	First Named Inventor	Shipeng LI	
	Art Unit	2613	
	Examiner Name	Lee, Y. Young	
Total Number of Pages in This Submission	5	Attorney Docket Number	MTKI-04-355A

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Transmittal Cover Page - Request for Oral Hearing - Credit Card Payment Form
Remarks _____		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Offices of Andrew D. Fortney, Ph.D., P.C.		
Signature			
Printed name	Andrew D. Fortney, Ph.D., P.C.		
Date	04-18-2006	Reg. No.	34,600

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Jennie Heaton	Date 04-18-2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-08)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1000

**Complete if Known**

Application Number	09/312,797
Filing Date	05-17-1999
First Named Inventor	Shipeng Li
Examiner Name	Lee, Y. Young
Art Unit	2613
Attorney Docket No.	MTKI-04-355A

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**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x 50 = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x 200 = _____		
HP = highest number of independent claims paid for, if greater than 3.		
	<b>Multiple Dependent Claims</b>	
	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
	360	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Oral Hearing Fee

Fees Paid (\$)

1000

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	34,600	Telephone	559-289-0128
Name (Print/Type)	Andrew D. Fortney, Ph.D., P.C.		Date	04-18-2006	

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/32 (09-04)

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<b>REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  <div style="text-align: center; font-weight: bold;">MTKI-04-355A</div>							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] OR facsimile transmitted to the USPTO on April 18, 2006		In re Application of <div style="text-align: center; font-weight: bold;">Shipeng Li</div>							
Signature <u>Jennie Heaton</u> Typed or printed name <u>Jennie Heaton</u>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number <b>09/312,797</b></td> <td style="padding: 2px;">Filed <b>05-17-1999</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">For Method and Apparatus for Generic Scalable Shape Coding.</td> </tr> <tr> <td style="padding: 2px;">Art Unit <b>2613</b></td> <td style="padding: 2px;">Examiner <b>Lee, Y. Young</b></td> </tr> </table>		Application Number <b>09/312,797</b>	Filed <b>05-17-1999</b>	For Method and Apparatus for Generic Scalable Shape Coding.		Art Unit <b>2613</b>	Examiner <b>Lee, Y. Young</b>
Application Number <b>09/312,797</b>	Filed <b>05-17-1999</b>								
For Method and Apparatus for Generic Scalable Shape Coding.									
Art Unit <b>2613</b>	Examiner <b>Lee, Y. Young</b>								

Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.

The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1000.

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ \_\_\_\_\_  
☐ A check in the amount of the fee is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached. 04/19/2006 TL0111 00000005 09312797  
01 FC:1403 1000.00  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  
☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_. I have enclosed a duplicate copy of this sheet.  
☐ A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.

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I am the

<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/88)  <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>34,600</u>  <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	<div style="text-align: center;">           Signature  <b>Andrew D. Fortney, Ph.D., P.C.</b>          Typed or printed name   <b>04-18-2006</b>          Date   <b>559-289-0128</b>          Telephone number       </div>
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 41.20(b)(3). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.8. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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